

SERFF Tracking Number: ZURC-128533642 State: Arkansas  
Filing Company: Zurich American Insurance Company State Tracking Number:  
Company Tracking Number: CW AH 34776  
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.004 Self-Funded Health Plan  
Product Name: Employer Medical Stop Loss - IRO Endorsement  
Project Name/Number: Employer Medical Stop Loss - IRO Endorsement/CW AH 34776

## Filing at a Glance

Company: Zurich American Insurance Company

Product Name: Employer Medical Stop Loss - SERFF Tr Num: ZURC-128533642 State: Arkansas

IRO Endorsement

TOI: H12 Health - Excess/Stop Loss

SERFF Status: Closed-Approved-  
Closed

State Tr Num:

Sub-TOI: H12.004 Self-Funded Health Plan

Co Tr Num: CW AH 34776

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Diana Crown

Disposition Date: 07/06/2012

Date Submitted: 07/05/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Employer Medical Stop Loss - IRO Endorsement

Project Number: CW AH 34776

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 07/06/2012

State Status Changed: 07/06/2012

Created By: Diana Crown

Corresponding Filing Tracking Number:

Filing Description:

This is an endorsement to our Stop Loss Policy, which was previously filed with and approved by your Department under SERFF Tracking # ZURC-125439962 and State Tracking # 37991 effective 06-04-2008.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 07/02/2012

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Diana Crown

This endorsement provides an extension to the time period to pay claims under the Stop Loss Insurance Policy (the Paid portion of the Benefit Period). Due to the possible lag in payment of claims if a denial is reversed by an external review, as required by the Patient Protection and Affordable Care Act, we believe this feature should be available to our Stop Loss Policyholders.

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The Stop Loss Policy and this endorsement will be marketed to all size Employer groups situated in your State through brokers, agents, and sales employees.

This form is new and is not intended to replace any other forms currently in use.

Variable data is bracketed. Amounts may vary or provisions may be modified to fit a specific Policyholder's request. Variable data will never exclude or limit provisions required by the jurisdiction in which the Policy is issued.

The form is in final print, subject to minor variations in formatting, duplexing, shading and fonts. While every effort has been made to submit this filing without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

The Company will deem this form approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

This filing includes a certification of readability and statement of variables.  
State Narrative:

## Company and Contact

### Filing Contact Information

Diana Crown, Regulatory Services Analyst diana.crown@zurichna.com  
1400 American Lane 847-706-2621 [Phone]  
Schaumburg, IL 60196

### Filing Company Information

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form at \$50.00 per form.
Per Company:	No

*SERFF Tracking Number:*      *ZURC-128533642*      *State:*      *Arkansas*  
*Filing Company:*      *Zurich American Insurance Company*      *State Tracking Number:*  
*Company Tracking Number:*      *CW AH 34776*  
*TOI:*      *H12 Health - Excess/Stop Loss*      *Sub-TOI:*      *H12.004 Self-Funded Health Plan*  
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$50.00	07/05/2012	60665323

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/06/2012	07/06/2012

<i>SERFF Tracking Number:</i>	<i>ZURC-128533642</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Zurich American Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>CW AH 34776</i>		
<i>TOI:</i>	<i>H12 Health - Excess/Stop Loss</i>	<i>Sub-TOI:</i>	<i>H12.004 Self-Funded Health Plan</i>
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## Disposition

Disposition Date: 07/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ZURC-128533642</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Zurich American Insurance Company</i>	<i>State Tracking Number:</i>	
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variables	Approved-Closed	Yes
<b>Form</b>	Independent Review Organization Endorsement	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: U-MSL-513-A CW (04/12)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/06/2012	U-MSL-513-A CW (04/12)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Independent Review Organization Endorsement	Initial		54.000	U-MSL-513-A CW - Independent Review Organization Endorsement. pdf

# Independent Review Organization Endorsement



Zurich American Insurance Company

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the Stop Loss Policy.

It is hereby understood and agreed that the following changes are made and incorporated into the **Policy**:

## **SECTION III -**

**DEFINITIONS** is amended to include the following:

**Independent Review Organization** means the external review organization as required under the external review process of the Patient Protection and Affordable Care Act as amended and as covered under the **Plan**.

## **SECTION VIII -**

**CLAIM PROVISIONS** is amended to include the following:

A. In the event that **Eligible Claim Expenses** are deemed payable by the **Plan** due to a reversal by an **Independent Review Organization** of a previous denial of coverage, and such **Covered Benefits** under the **Plan** are not **Paid** within the **Benefit Period** under this **Policy**, the **Benefit Period** to pay such **Covered Benefits** will be extended [for a period of [twelve (12)] months] from the **Benefit Period** shown in the SCHEDULE OF STOP LOSS INSURANCE, provided:

1. such **Covered Benefits** are not eligible under any other coverage; and
2. such **Covered Benefits** would be otherwise payable under the terms of this **Policy**.

Subject to all other terms and conditions of this **Policy**, the **Company** agrees to accept as **Eligible Claim Expenses**, all such **Plan Benefits Paid** in accordance with the **Plan(s)** that were previously denied and exceed the applicable **Deductible(s)**.

[[B.]For purposes of this endorsement, when the **Company** reimburses the **Policyholder** for the amount of any **Plan Benefits** under this endorsement, such **Plan Benefits** will relate back to the **Policy** in which they were **Incurred** and will be excluded from any other **Benefit Period**.]

[[C.]If the **Policyholder** terminates this **Policy** for any reason prior to end of the **Policy Period** shown in the SCHEDULE OF STOP LOSS INSURANCE, this endorsement does not apply.]

Except for the above, this endorsement does not vary, alter, waive, or extend any of the terms of the **Policy** to which it is attached.

Effective Date: \_\_\_\_\_ Attached to and forming a part of Policy No. \_\_\_\_\_

Signed for Zurich American Insurance Company by: \_\_\_\_\_

Authorized Representative

\_\_\_\_\_ Date



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application	Approved-Closed	07/06/2012
<b>Comments:</b> Not applicable, endorsement filing.		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	07/06/2012
<b>Comments:</b>		
<b>Attachment:</b> Certificate of Readability for UMSL513ACW - 070512.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variables	Approved-Closed	07/06/2012
<b>Comments:</b>		
<b>Attachment:</b> U-MSL-5130-A CW - Statement of Variables.pdf		

# Certificate of Readability



**Zurich American Insurance Company**

I have reviewed or supervised the preparation of the attached policy forms. I hereby certify that to the best of my knowledge, information, and belief, these policy forms comply with the minimum readability standards required by your State Insurance Code.

The policy form listed below has achieved the following Flesch Score using the Flesch Reading Ease software published by Micro Power & Light Co.:

Form Number	Title	Flesch Score
U-MSL-513-A CW (04/12)	Independent Review Organization Endorsement	54

Although the form listed above may not have achieved the minimum readability standards required by your State Insurance Code, we respectfully request approval based on our belief that:

1. the lower score provides a more accurate reflection of the readability of the form(s); and
2. the lower score is warranted by the nature of the particular form(s) or type or class of form(s).

A handwritten signature in black ink, appearing to read 'Steve LeHew', written over a horizontal line.

Signature:

Steve LeHew

Title:

Product Development Analyst

Date:

7/5/2012

# Statement of Variables



Zurich American Insurance Company  
Schaumburg, Illinois

## INDEPENDENT REVIEW ORGANIZATION ENDORSEMENT – U-MSL-513-A CW

<p><b>SECTION VIII - CLAIM PROVISIONS</b> is amended to include the following:</p> <p>A. In the event that <b>Eligible Claim Expenses</b> are deemed payable by the <b>Plan</b> due to a reversal by an <b>Independent Review Organization</b> of a previous denial of coverage, and such <b>Covered Benefits</b> under the <b>Plan</b> are not <b>Paid</b> within the <b>Benefit Period</b> under this <b>Policy</b>, the <b>Benefit Period</b> to pay such <b>Covered Benefits</b> will be extended [for a period of [twelve (12)] months] from the <b>Benefit Period</b> shown in the SCHEDULE OF STOP LOSS INSURANCE, provided:</p> <ol style="list-style-type: none"><li>1. such <b>Covered Benefits</b> are not eligible under any other coverage; and</li><li>2. such <b>Covered Benefits</b> would be otherwise payable under the terms of this <b>Policy</b>.</li></ol> <p>Subject to all other terms and conditions of this <b>Policy</b>, the <b>Company</b> agrees to accept as <b>Eligible Claim Expenses</b>, all such <b>Plan Benefits Paid</b> in accordance with the <b>Plan(s)</b> that were previously denied and exceed the applicable <b>Deductible(s)</b>.</p> <p>[[B.]For purposes of this endorsement, when the <b>Company</b> reimburses the <b>Policyholder</b> for the amount of any <b>Plan Benefits</b> under this endorsement, such <b>Plan Benefits</b> will relate back to the <b>Policy</b> in which they were <b>Incurred</b> and will be excluded from any other <b>Benefit Period</b>.]</p> <p>[[C.]If the <b>Policyholder</b> terminates this <b>Policy</b> for any reason prior to end of the <b>Policy Period</b> shown in the SCHEDULE OF STOP LOSS INSURANCE, this endorsement does not apply.]</p>	<p>This will be in or out. If in: The range will be 3 – 36 months.</p> <p>This will be in or out.</p> <p>This will be in or out.</p>
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